

BIROn - Birkbeck Institutional Research Online

Kamau, Caroline (2021) Risk of debilitating fatigue after covid-19 lasting years and implications for the UK workforce: evidence report for the House of Lords Select Committee on Risk Assessment and Risk Planning. Other. UK Parliament.

Downloaded from: <https://eprints.bbk.ac.uk/id/eprint/44404/>

Usage Guidelines:

Please refer to usage guidelines at <https://eprints.bbk.ac.uk/policies.html>
contact lib-eprints@bbk.ac.uk.

or alternatively

Dr. Caroline Kamau - Written evidence (RSK0037)

Risk of debilitating fatigue after covid-19 lasting years and implications for the UK workforce: Evidence report for the House of Lords Select Committee on Risk Assessment and Risk Planning

Dr. Caroline Kamau

Birkbeck, University of London

The House of Lords must alert the government about evidence showing that “long covid” (which includes debilitating fatigue and negative health effects) might last for years among sufferers, posing a long-term risk to the nation’s workforce and economy. This report discusses evidence that viruses can trigger long-term fatigue that severely impairs the personal and occupational functioning of sufferers, including evidence from populations affected by SARS-CoV-1 where 1 in 4 had debilitating chronic fatigue lasting over 4 years later. Due to post-viral chronic fatigue being a condition that can force people into becoming housebound or unable to work, the House of Lords must alert the government of the risks currently facing people within the UK who were infected with covid-10:

Key points

- There is the risk of higher unemployment rates among people who had covid-19.
- There is the risk of higher underemployment rates among people who had covid-19 e.g., more switching to part-time working or lower skilled jobs because of health problems.
- There is the risk of future staff shortages in occupations with a high prevalence of covid-19.

Risk of debilitating fatigue after covid-19 infection

Up to 1 in 5 of people infected with covid-19 develop a series of sporadic and changing symptoms such as chronic fatigue, headaches, respiratory, metabolic, muscular and neurocognitive symptoms (e.g. “brain fog”) that last for a long time.^{1,2} The suit of symptoms has been called “long covid” but it is important to note that the chronic fatigue element of long covid is particularly concerning for the government. This is because it is the most prevalent and continuous symptom, reported by 98% of people with long covid.¹ The highly concerning prevalence rate of chronic fatigue among people who had covid-19 replicates evidence from previous viral epidemics where it too was a notable outcome e.g., 40% of people with the previous severe acute respiratory syndrome coronavirus

outbreak (SARS-CoV-1) continued to suffer from chronic fatigue as much as 4 years after the viral infection.³ 27.1% of people with SARS-CoV-1 had fatigue so severe and life-changing in its debilitating effects on occupational/other functioning that it met the diagnostic criteria for a medical condition known as myalgic encephalomyelitis (ME) or chronic fatigue syndrome (CFS) as much as 4 years on.

Risk of becoming housebound or unable to work after covid-19 infection

This is a severe risk to people's health and the national economy because a quarter of CFS/ME sufferers are made bedbound or housebound by the debilitating fatigue, over half are unemployed, and many suffer a quality of life worse than conditions such as strokes or cancer.⁵ The government must be made aware of evidence that this is an urgent priority because of the coronavirus pandemic of 2020/21; whereas CFS/ME is prevalent among only 1.4%±1.57% of the general population,⁵ its prevalence among the people infected with SARS-CoV-1 outbreak was significantly higher at 27.1%.³ SARS-CoV-1 is not alone in inducing debilitating post-viral fatigue that can last months or years; other viruses can have a similar effect e.g. the west Nile virus, Epstein-Barr virus and infectious mononucleosis⁴ where the prevalence of CFS/ME is also markedly higher than the general population. It is thought within the medical literature that chronic fatigue might be a consequence of the body's immune response to a virus, with some people more at risk than others but the risk cannot simply be predicted by considering the severity of the covid-19 symptoms; some people who experienced only mild symptoms of covid-19 went on to develop long covid.²

Key point

- Based on the evidence, this report encourages the government to measure the percentage of people who developed CFS/ME after being infected with covid-19.

How the government can assess and mitigate the risks to the UK workforce

The House of Lords Select Committee on Risk Assessment and Risk Planning should ask the government to:

- A. Conduct research (such as through Office for National Statistics surveys) revealing the prevalence of post-covid-19 CFS/ME by asking people who had covid-19 questions about key symptoms e.g., debilitating fatigue over ≥6 months, and following them up for months/years.
- B. The government should use the above data in computational modelling that estimates the risk of post-covid-19 CFS/ME across the population and

the risk by occupation, to identify high risk groups and forecast future workforce shortages.

- C. The government should target interventions against staff shortages, unemployment and underemployment with a focus on occupations at high risk of post-covid-19 CFS/ME. If, for example, medical doctors and nurses are high risk groups because many caught covid-19 and therefore long covid is more prevalent among them, the government can mitigate the risk of future workforce shortages through higher investment in medical and nursing education.
- D. The government should issue guidance (such as through the Department of Health) to NHS primary and social care staff about how to diagnose and advise people with post-covid-19 CFS/ME. CFS/ME comprises of chronic fatigue, "brain fog", muscle or joint pain, headaches, nausea, sore throats and finding it difficult to stay standing or sitting up⁶ – many of these symptoms echo those of long covid therefore there might be a problem of underdiagnosis. Although there is no known cure, appropriate diagnosis and advice can be helpful.⁷
- E. The government should provide employers with occupational health guidance to help them better support employees infected with covid-19 who are suffering from chronic fatigue and other negative health effects stretching months or years. The guidance should include advice for self-employed workers.
- F. The government should (such as through the Department of Health) encourage universities and organisations involved with developing vaccines, artificial antibodies and treatments for covid-19 to investigate ways of preventing or treating post-covid-19 CFS/ME.

Key point

The government should measure prevalence of post-covid-19 CFS/ME, conduct modelling to assess high risk occupational groups, intervene to prevent unemployment, underemployment and workforce shortages, guide healthcare staff, advise employers/workers, and inspire research into prevention of post-covid-19 CFS/ME.

Why this risk is an urgent government priority

With half of CFS/ME sufferers unemployed, a quarter rendered bedbound or housebound, and many suffering a worse quality of life than people with stroke or cancer,⁵ and given that many people developed CFS/ME after previous viral epidemics (e.g., SARS-CoV-1), the implications for the United Kingdom's government are quite serious and urgent. Hundreds of thousands of people are potentially at risk, considering the numbers infected with covid-19 and the numbers likely to develop long covid by the end of the pandemic (which might last years). Even after controlling for other variables arising from the pandemic that predict unemployment (e.g., business closures or redundancies because of the pandemic), underemployment (e.g. caring responsibilities arising from the

pandemic that force workers to work part-time) or workforce shortages (e.g., halting skills training or recruitment because of the pandemic) it is very likely that the coronavirus pandemic will leave a damaging legacy significantly attributable to post-covid-19 CFS/ME. The House of Lords should ask the government to act now to assess the risks and plan interventions that will protect the UK's workforce by reducing the risk of unemployment, underemployment and staff shortages.

References

1. Sudre CH, Murray B, Varsavsky T, Graham MS, Penfold RS, Bowyer RC, Pujol JC, Klaser K, Antonelli M, Canas LS, Molteni E. Attributes and predictors of Long-COVID: analysis of COVID cases and their symptoms collected by the Covid Symptoms Study App. MedRxiv 2020; October 21: <https://doi.org/10.1101/2020.10.19.20214494>
2. Greenhalgh T, Knight M, A'Court C, Buxton M, Husain L. Management of post-acute covid-19 in primary care. BMJ 2020; 370:m3026
3. Lam MHB, Wing YK, Yu MWM, et al. Mental morbidities and chronic fatigue in severe acute respiratory syndrome survivors: long-term follow-up. Arch Intern Med. 2009;169(22):2142–2147.
4. Islam MF, Cotler J, Jason LA. Post-viral fatigue and COVID-19: lessons from past epidemics. Fatigue 2020, <https://doi.org/10.1080/21641846.2020.1778227>
5. Lim EJ, Ahn YC, Jang ES, Lee SW, Lee SH, Son CG. Systematic review and meta-analysis of the prevalence of chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME). J Transl Med. 2020;18(1):100.
6. Centers for Disease Control and Prevention. Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: IOM 2015 Diagnostic Criteria, 2019, November 19. www.cdc.gov/me-cfs/healthcare-providers/diagnosis/iom-2015-diagnostic-criteria.html
7. Centers for Disease Control and Prevention. Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Treatment of ME/CFS. 2019, November 19. <https://www.cdc.gov/me-cfs/treatment/index.html>

27 January 2021